



Please return this entire page to the address above. Make sure to fill in all blank fields, answer all questions, sign and date the form. Along with the completed renewal application, **you must also enclose a \$10 renewal fee along with the required documentation as explained below.** Make check payable to the Indiana Professional Licensing Agency.

PHARMACIST INTERN RENEWAL APPLICATION			
Name	Permit Number	Expiration Date	Renewal Fee
			<b>\$10**</b>
<b>Address:</b>	<b>SINCE YOU LAST RENEWED:</b> (if yes to any question, attach details of action taken)		
	1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?	YES	NO
	2. Have you been denied a license, certificate, registration, or permit in any state?	YES	NO
	3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?	YES	NO
	4. Have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?	YES	NO
Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.	5. Have you been terminated, reprimanded, disciplined or demoted in the scope of your practice as a pharmacy intern or in any health care profession?	YES	NO
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.	Signature Of Applicant (respond Yes or No to all questions)		Date Signed
	Enter Email Address:		<b>** Renewal Fee is \$20 if mailed after permit is expired (5/1/2013)</b>

- **REQUIRED DOCUMENTATION:** → IF WE DO NOT RECEIVE THE REQUIRED OR CORRECT DOCUMENTATION, YOUR RENEWAL APPLICATION MAY BE DENIED. Your renewal application must be accompanied by the \$10 renewal fee along with one of the following:
  - (1) Notarized copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate, **OR**
  - (2) **Official transcripts** from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy **verifying your active enrollment in the spring 2013 semester or quarter** [transcript **must** indicate the spring 2013 semester or quarter **and** verify that you are "currently enrolled", "work in progress", etc.] **or recent graduation date. A transcript indicating only the previous semester or quarter completed will not be accepted as it does not verify that you are currently enrolled.**
- **Positive Response Documentation:** If you have responded "Yes" to one of the questions on the renewal application, then you must submit the following:
  - (1) Notarized statement describing the response, including location, date and disposition; **AND**
  - (2) Official documentation regarding the event (copies of all court documents, disciplinary orders, treatment information, addictionology evaluations, etc.).
- **Blue Wall Licenses/Pocket Cards (Blue Cards):** PLA no longer sends blue wall certificates and pocket cards upon successful renewal of your registration. To satisfy posting requirements, you are required to either purchase the certificate/pocket card combo available online or print off the free paper version following successful completion of your renewal. Verify renewal at <http://www.in.gov/pla/license.htm>; once renewal is verified, you may login at this same site using your intern registration number as your login ID and the last 4 digits of your social security number as your password to purchase a card to be mailed to you or download the free copy for printing.
- **Questions:** visit the Board of Pharmacy's website at [www.bop.IN.gov](http://www.bop.IN.gov), or contact the Board by email at [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or phone at (317) 234-2067.